

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90334 030 ***150.00

DOCUMENT # P01000008044

1. Entity Name
NEW HORIZONS RESORTS, INC.



Principal Place of Business

**301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232**

Mailing Address

**301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232**

14014771

2. Principal Place of Business

3263 S. John Young Pkwy.

3. Mailing Address

3263 S. John Young Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

65-1109804

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLES, DERICK M
301 N CATTLEMEN RD
STE 205
SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

Name **Terence A. Lacey-Freeman**

Street Address (P.O. Box Number is Not Acceptable)

3263 S. John Young Parkway

City **Kissimmee**

FL

34746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

4/28/04

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLES, DERICK M	
STREET ADDRESS	301 N CATTLEMEN RD STE 205	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLES, JASON D	
STREET ADDRESS	301 N CATTLEMEN RD	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACEY-FREEMAN, TERENCE A SR	
STREET ADDRESS	301 N CATTLEMEN RD STE 205	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACEY-FREEMAN, TERENCE J JR	
STREET ADDRESS	301 N CATTLEMEN RD STE 205	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACEY-FREEMAN, DEAN	
STREET ADDRESS	301 N CATTLEMEN RD STE 205	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lacey-Freeman, Terence A.	
STREET ADDRESS	3263 S. John Young Parkway	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

407-846-7042

Daytime Phone #

Terence A. Lacey-Freeman, President/Director